APPENDIX F

COMBAT HEALTH SUPPORT ASSESSMENT PLANNING FOR STABILITY OPERATIONS AND SUPPORT OPERATIONS

Section I. COMBAT HEALTH SUPPORT ESTIMATE

F-1. General

a. Planning for CHS operations in stability and support operations is the same process as used for traditional CHS operations. The CHS estimate of the situation is the basic tool used by the CHS planner. A detailed discussion of each subparagraph of the CHS estimate is provided in FM 8-55. The information contained in this appendix supplements the discussion in FM 8-55. The considerations are similar; however, the range of options and COAs are expanded. These expanded options include missions and functions not accomplished during the more traditional CHS operations (such as the assessment of the HN medical infrastructure).

b. All of the categories of the CHS estimate are presented in paragraph F-2. Some of the categories may seem contrived when applying them to a stability and support operational situation. The CHS planner must, therefore, interpret the categories and apply the pertinent information or modify the category to fit the operational scenario. In some stability and support operational scenarios, there may not be a recognizable enemy; the *enemy* and *friendly* situation paragraphs of the estimate can be thought of as *negative* and *positive* factors impacting on the successful accomplishment of the mission. For example, in a discussion of opposition groups, it is conceivable that an organized opposition may not be apparent in a country where a humanitarian assistance program or disaster relief effort is being conducted. The CHS planner should, therefore, consider those situations and factors which could foster an insurgency or the formation of opposition groups and focus the CHS operations to correct anticipated deficiencies, thereby eliminating the possible threat.

c. Paragraphs F-3 through F-7 contain a format for preparing the veterinary, PVNTMED, dental, CSC, and CHL estimates.

d. The examples provided in this section do not include all possible scenarios or information needed to complete an estimate. They are intended to be thought provoking and are included for illustrative purposes only.

F-2. Sample Format for the Combat Health Support Estimate

(Classification)

Headquarters
Location
Date, time, and zone

COMBAT HEALTH SUPPORT ESTIMATE OF THE SITUATION

References: *List all maps, overlays, charts, or other documents required to understand the plan. Reference to a map will include the map series number and country or geographic area, if required; sheet number and name, if required; edition; and scale.*

1. MISSION (*Statement of the overall CHS mission and type of activity to be supported* [*such as support for insurgency or counterinsurgency, combatting terrorism, peace support or domestic support operations*].)

2. SITUATION AND CONSIDERATIONS

a. Enemy (Opposition) Situation/Negative Factors. (*In stability and support operations, this can include terrorist groups, insurgents, renegade forces, or other opposition groups or political factions found in the particular country. This subparagraph is viewed as groups opposed to the US-backed and supported groups, HN, and US national interests. In disaster relief or domestic support operations where there is no recognizable enemy, this could include looters or other lawlessness, continued danger from recurring earthquakes, storms, or floods, or an increased medical threat due to disruption of sanitation and services.*)

(1) Strength and disposition. (*Included in this category are strongholds, areas sympathetic to the opposition group, or the size and type of organization of the opposition group.*)

(2) Combat efficiency. (*Information on actual combat units or guerrilla forces, their training status, and their level of experience and expertise can be identified here. The level of their medical training and their health care delivery system can also be discussed.*)

(3) Capabilities. (*Information on the actual capabilities of an opposition group to wage armed combat or the potential of the group to initiate such action is included. Consideration should be given to the possibility of an opposition force being able to employ NBC and DE weaponry/devices.*)

(4) Logistics situation. (*This can include information on how well supplied the opposition force is with food, clothing, or other vital logistics factors. The financial backing and availability of future support from outside individuals* [*such as from narcotics traffickers*] *or other countries can also be included.*)

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(5) State of health. (*Medical resources available to the opposition group and their location or the general health status of this subpopulation should be considered.*)

(6) Weapons. (*This includes the types and quantities of weapons; amount of ammunition; availability of NBC and DE weapons/devices; sources and outside backing for obtaining weapons; and the potential for improving the state of the arsenal.*)

b. Friendly Situation/Positive Factors. (*This subparagraph is addressed from the perspective of the HN or US-backed group and US national interests. In domestic support or disaster relief operations it could include a number of volunteers, experienced search and rescue teams, and donated supplies.*)

(1) Strength and disposition. (*This could include information on the Armed Forces, guerrilla forces, strongholds, sympathetic areas, and support of the general populace.*)

(2) Combat efficiency. (*This includes the state of military and medical professional training and experience of the HN military or US-backed group; status of the development of a professional medical corps* [*including administrative, ancillary and rehabilitative care, nursing, dental, and veterinary specialties*]*; training in first aid* [*self-aid, buddy aid, and combat lifesaver skills*] *within the fighting forces; existence of formal TOE-type units; level of personal hygiene and field sanitation; development of the military and health care infrastructure; and CS and CSS resources available to the force.*)

(3) Present and projected missions. (*This includes HN restrictions and limitations on the scope and objective of the mission, the visibility of the HN to its population in implementing the programs, and the capability of the HN to continue the programs once US assistance is withdrawn.*)

(4) Logistics situation. (*This includes both the medical and nonmedical logistics situation. Information on the status of food, clothing, or other vital logistics factors affecting the friendly forces should be included. Location of resupply points or activities, coordination for depot maintenance, and procedures for supply or resupply if the support facility is not located in the AO should be included. If the HN is not supplying the logistics support, an indication of the sources of support and the potential for continuance of support should be included. This should also include any available CHS resources from allied or coalition forces, NGOs, and PVOs.*)

(5) Rear battle plan. (*This includes information on antiterrorism operations and measures or force protection operations.*)

(6) Weapons. (*This includes those weapons and riot control agents available to the force.*)

c. Characteristics of the Area of Operations. (*Included in this are geographical barriers and political borders.*)

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(1) Terrain. (*Special considerations include the effects on limiting the access to and availability of health care services for the general population; regionalization of the population which does not have access to improved roads; effects on camouflaging and protecting insurgents or guerrillas; MOUT considerations and requirements, or potential for earthquakes, volcanic eruptions, or other natural disasters*.)

(2) Weather. (*This includes seasonal weather and the potential for hurricanes/typhoons, tornadoes, or monsoons* [*for example, conditions which may further isolate villages and sections of the population due to flooding, or its adverse effect on a disaster relief mission, or any other significant role it may play in an operation being planned*].)

(3) Civilian population. (*The civilian population takes on added importance in planning missions for the stability and support operational environment. Oftentimes, the civilian population is, in fact, the focus of the mission. A thorough understanding of the culture, language, political, economic, religious, and social situation of the populace involved is a crucial element in planning missions in stability and support operations. If conventional military operations are being undertaken in the area, the effect these operations have on the civilian population must be considered. The requirement for prosthetics, orthotics, and training of alternative daily living activities and skills of civilian victims of land mines or other combat-related traumatic injuries should also be considered. Estimates of collateral injuries to civilians resulting from MOUT and the number of refugees fleeing combat operations and their impact on health care delivery, preventive medicine, and veterinary support should be included. In domestic support and disaster relief operations, the percentage of the population affected, the resources within the civilian community, and eligibility for care factors need to be considered.*)

(4) Flora and fauna. (*As in all military operations, personnel must be familiar with the particular plants, animals, and arthropods which are found in the operational environment. In stability and support operations, this is important, as the resources available to control arthropod and rodent populations may not be available. This results in exposing the deployed forces to a greater incidence of disease and injury. The animal population of the region may play a significant role in the region's economic development, and may, therefore, be the focus of the operation* [*refer to Chapter 4*].)

(5) Local resources. (*In stability and support operational scenarios, the availability of resources in the HN plays a significant role in shaping the CSS requirements of the deployed force. Availability of food, water, hospitalization services, and means of evacuation are only a few of the considerations in planning the CSS for an operation. Coordination needed to affect the HN support in the treatment of civilian casualties resulting from military operations should also be included.*)

(6) Other. (*This includes, but is not limited to, language capabilities and requirements; educational levels of the general population and HN military or US-backed group; state of development of the medical infrastructure for both the HN and the military; morbidity and mortality statistics; primary care capabilities; adequacy of secondary and tertiary hospital facilities; access to the health care delivery system; education and training levels of health care professionals; availability of prosthetic and orthotic devices;*

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education and training for rehabilitation programs; adequacy of sanitation facilities; religion; and status of the medical evacuation system. The availability of and access to radios, televisions, and other forms of communications are significant factors in developing training and educational programs focused on the populace.)

d. Strengths to be Supported. (*This section of the estimate should be modified as required to fit the stability and support operational mission. In some operations, such as peacekeeping operations, the type of support provided is mainly of a traditional type, and the supported population can be accurately projected. In other operations, such as the support for insurgency and counterinsurgency, the supported population may not be as easily defined. The requirements to support SOF elements with conventional CHS resources should also be considered. Additionally, in stability and support operations, there will often be either a joint or multinational force involved. Combat health support considerations should, therefore, be thoroughly coordinated to ensure that duplication of services is avoided* [*consideration should also include HN, allied, or coalition forces, interagency, NGOs, or PVOs medical services and programs*]. *Some of the classifications listed below pertain to categories recognized by the Geneva Conventions and may or may not be applicable to the planned operation.*)

(1) Army.

(2) Navy.

(3) Air Force.

(4) Marines.

(5) Allied forces.

(6) Coalition forces.

(7) Enemy prisoners of war/detainees. (*In many stability and support operational scenarios, there will be no EPW; however, there may be some individuals who are considered to be detained, or internment and resettlement operations may be conducted.*)

(8) Indigenous civilians. (*This is an important category and should be predicted as accurately as possible.*)

(9) Retainees. (*Enemy medical personnel are not considered as EPW and should be identified as soon as possible to assist in providing medical care in the EPW compound, if applicable.*)

(10) Internees.

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(11) Others. (*This can include DOD civilians and contractors, refugees from areas experiencing violent confrontations or oppression, resulting from insurgency or counterinsurgency operations; refugees from other countries; and members of NGOs and PVOs deemed eligible for support.*)

e. Health of the Command. (*With the limited number of forces employed in stability and support operations and their increased risk of exposure to arthropods, rodents, and endemic diseases, it is important to ensure all PMM are taken.*)

(1) Acclimation of troops. (*Due to short notice deployments, acclimation of troops prior to deployment or initially upon entry into the AO may not be possible. To decrease incidence of climatic injuries, work schedules should be modified to accommodate the acclimation process whenever possible. When work schedule modifications cannot be accomplished, ensure adequate drinking water is available to reduce heat stress.*)

(2) Presence of disease. (*This includes the endemic diseases which are not at a clinically significant level in the native population. Deploying forces may not be immune and the incidence of endemic diseases may increase with the disruption of services* [*such as sanitation and garbage disposal*]. *The status of potable water, water sources, and sanitation facilities in rural areas should be routinely inspected and approved for use.*)

(3) Status of immunizations. (*This category may apply to both the military and civilian populations. The US military forces should receive all appropriate immunizations prior to deployment. The immunization of children against common childhood diseases can have a significant impact on the morbidity and mortality statistics of a nation.*)

(4) Status of nutrition. (*This category may apply to both the military and civilian populations and is a significant consideration when planning humanitarian assistance programs for children and refeeding programs for famine victims; refeeding programs for healthy populations such as victims, relief workers, and care givers in disaster relief; and sustainment feeding programs for insurgents and their families.*)

(5) Clothing and equipment. (*Considerations for specialized clothing and equipment necessary to operate in a particular climate or on a particular type of terrain should be included. Examples of clothing and equipment requirements are mosquito netting, jungle fatigues, winter parkas, skis, or mountain climbing equipment.*)

(6) Fatigue. (*The fatigue factor must be monitored, as fatigue can contribute to lowering the resistance to diseases, stress reactions, and faulty decision making.*)

(7) Morale. (*This is an important consideration when dealing with a HN military or a US-backed group. The availability and quality of medical care if wounded plays a significant role in the morale of a fighting force.*)

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(8) Status of training. (*This was mentioned earlier in regard to military and professional training levels of the HN or US-backed groups. It can also be applied to the preparation of the US forces for the accomplishment of their stability and support operational mission* [*instruction in language, customs, or the ability to operate in an advisory or teaching capacity*].)

(9) Other. (*As appropriate.*)

f. Assumptions. (*Assumptions may be required as a basis for initiating the planning process or preparing the estimate. Assumptions are modified when specific planning guidance and factual data become available.*)

g. Special Factors. (*Mention items of special importance in the particular operation to be supported* [*such as the requirement to provide stress management after a terrorist incident to victims, security forces, and care givers*].)

3. ANALYSIS

a. Patient Estimates. (*Indicate rates and numbers by type of unit, if providing traditional CHS. If providing humanitarian assistance, indicate types and numbers of cases to be treated.*)

(1) Number of patients anticipated. (*This entry can apply to the types and numbers of patients expected to be treated on humanitarian assistance projects and disaster relief operations. The CHS planner and medical professionals must determine what type of cases will be accepted. Caution must be exercised to ensure that the operation is directed at providing treatment to those who will benefit the most and avoid overexpenditure of scarce resources to treat exotic or interesting cases. If providing support to US, allied, and coalition forces, endemic disease rates within the separate populations may vary necessitating separate patient estimates for each population.*)

(2) Distribution within an area of operations (space). (*This can include planning for operations to visit isolated villages* [*Appendix M*] *or in a disaster area.*)

(3) Distribution in time during the operation (evacuation time). (*This may include the time factors to reach isolated villages to medically evacuate US personnel from the area for further treatment, or to provide aid during disaster relief operations.*)

(4) Areas of patient density. (*This could include the size of the villages and their relationship to one another; whether establishing a centrally located treatment station would benefit the population of a number of villages; areas under siege or where potential violence is anticipated; pockets of injured in a disaster relief operation; or mass casualties resulting from terrorist actions.*)

(5) Possible mass patients. (*This could include lucrative targets for terrorist acts* [*such as the Marine barracks in Beirut*]*; areas experiencing an epidemic; or locations in a disaster relief operation.*)

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(6) Lines of patient drift and evacuation. (*Although this is more fitting for conventional warfare scenarios, refugee evacuations do occur in stability and support operations when insurgents or guerrillas try to establish strongholds within a city or region, or disaster victims try leaving the disaster area.*)

b. Support Requirements.

(1) Evacuation. (*When limited US, allied, or coalition forces CHS elements are deployed in an AO, such as a peacekeeping operation, thorough planning and coordination are required to ensure that adequate medical evacuation resources are available for routine care or mass casualty situations. Consideration must also be given to assessing the medical evacuation system within the HN or the US-backed group and providing suggestions or developmental plans for improving or establishing a formal evacuation system. In domestic support operations, US military evacuation resources may be used in disaster relief or community service operations.*)

(2) Hospitalization. (*In stability and support operational scenarios, hospitalization of US forces may not be possible in the immediate AO. It is, therefore, necessary to ensure that thoroughly coordinated plans with other US forces or commands, allied forces, coalition forces, or the HN are implemented to provide the anticipated hospitalization requirements. In assessing the CHS requirements for the HN, the CHS planner must consider the availability and adequacy of primary care; the adequacy and accessibility of the secondary and tertiary hospital system; the size, training, and experience of the HN's pool of medical and nursing professionals; and the status of the HN or US-backed groups military hospitalization system.*)

(3) Combat health logistics to include blood management. (*Medical supply and maintenance of medical equipment are of significant importance in developing nations. Combat health support planners must ensure that the humanitarian assistance programs do not introduce the population to medicines, such as antibiotics, that will not be available to the people once US support is withdrawn. In the same line of thought, providing high technology medical equipment may not accomplish what was intended if the HN does not have the trained technicians to operate it, or to repair or replace the equipment once it malfunctions. It should also include a discussion on the availability of a safe blood supply for US forces or establishing a blood procurement, processing, and banking program for the HN or US-backed group.*)

(4) Medical laboratory service. (*For US forces, medical laboratory service may be provided outside of the AO; coordination for transportation of specimens and resulting reports must be established. Within the HN, the considerations may include developing a military medical laboratory system or expanding the functions of the existing laboratories to process environmental specimens or suspected BW and CW agents.*)

(5) Veterinary services. (*The care and treatment of government-owned animals, food procurement, food inspection, and nation assistance programs to increase the productivity and value of the HN's livestock* [*refer to Chapter 4*] *can be included.*)

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(6) Preventive medicine services. (*These services are important in protecting deployed US forces as well as tools used to increase the quality of life of the HN population or US-backed groups* [*refer to Chapter 4*].)

(7) Dental services. (*This could include dental programs coming under humanitarian assistance or nation assistance operations* [*refer to Chapter 4*].)

(8) Command, control, and communications. (*In stability and support operations, it is important that cooperative leadership or clear and concise lines of command* [*within the military*] *are established and that military assistance is provided in consonance with the other agencies involved in the operation* [*ambassador, country team, USAID, and other US agencies*]. *In assessing the HN military needs, the establishment of both command and technical channels for CHS operations is essential.*)

(9) Rehabilitative services. (*This includes the training required for HN rehabilitation personnel in OT and PT and development and training required to establish programs for the design and fabrication of prosthetic and orthotic devices.*)

(10) Combat stress control. (*This includes preventive measures to reduce the medical threat and intervention programs in response to specific incidents* [*such as a terrorist attack*].)

(11) Others.

c. Resources Available. (*Consider all sources available within the AO.*)

(1) Organic medical units and personnel. (*This includes US, allied, and coalition forces, HN, or US-backed groups resources, or assistance available through the embassy.*)

(2) Attached medical units and personnel.

(3) Supporting medical units. (*This could include support provided by US, allied, or coalition forces outside of the immediate AO, such as hospitalization provided in another country.*)

(4) Civil public health capabilities and resources. (*In stability and support operations, this resource may be the focus of the operation. Assessment as to quality, quantity, and type of resources play an important role in shaping many of the operations conducted. This element may also include any interagency, NGOs, and PVOs resources in the AO. Coordination for support and EMT is required when civilian casualties are generated due to military actions.*)

(5) Detained opposition medical personnel.

(6) Medical supplies and equipment. (*Considerations should include the HN's ability to use and service equipment and the availability of medicines within the HN once US support is withdrawn.*)

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(7) Medical troop ceiling.

d. Courses of Action. (*As a result of the above considerations and analysis, determine and list all logical COAs which support the commander's OPLAN and accomplish the CHS or medical operation mission. Consider all ROEs, TSOPs* [*Appendix P*]*, policies, directives, US, HN, or international laws, and procedures in effect. Courses of action are expressed in terms of* ***WHAT***, ***WHERE***, ***WHEN***, ***HOW***, *and* ***WHY***.)

4. EVALUATION AND COMPARISON OF COURSES OF ACTION

a. *Compare the probable outcome of each COA to determine which one offers the best chance of success. This may be done in two steps:*

(1) *Determine and state those anticipated difficulties which will have a different effect on the COA.*

(2) *Evaluate each COA against each significant difficulty to determine strengths and weaknesses inherent in each.*

b. *Compare all COAs listed in terms of significant advantages and disadvantages or in terms of the major considerations that emerged during the above evaluation.*

5. CONCLUSIONS

a. *Indicate whether the mission set forth in paragraph 1 can* (*cannot*) *be supported.*

b. *Indicate which COA can best be supported from the CHS standpoint.*

c. *List the limitations and deficiencies in the preferred COA that must be brought to the commander's attention.*

d. *List factors adversely affecting the health of the command.*

/*s*/ _____
Command Surgeon

Annexes (*as required*)

DISTRIBUTION: (*Is determined locally.*)

(Classification)

F-3. Sample Format for the Veterinary Estimate

(Classification)

Headquarters
Location
Date, time, and zone

VETERINARY ESTIMATE OF THE SITUATION

References: *List all maps, overlays, charts, or other documents required to understand the plan. Reference to a map will include the map series number and country or geographic area, if required; sheet number and name, if required; edition; and scale.*

1. MISSION (*Statement of specific veterinary mission in support of various operations* [*such as support for insurgency and counterinsurgency, nation assistance, combatting terrorism, peace support, or domestic support operations*].)

2. SITUATION AND CONSIDERATIONS

a. Enemy (Opposition) Situation/Negative Factors. (*Information contained in this section of the estimate is similar to that contained in paragraph F-2; however, it is tailored to veterinary concerns and can include such elements as the medical threat as it pertains to zoonotic animal diseases.*)

(1) Strength and disposition of animals.

(2) State of health of the animals and the threat concerning zoonotic diseases.

(3) Capabilities that affect the ability of the Veterinary Service to accomplish its mission. (*Such as NBC threat to subsistence.*)

b. Friendly Situation/Positive Factors. (*Information contained in this section of the estimate is similar to that contained in paragraph F-2; however, it is tailored to veterinary concerns.*)

(1) Size and posture of Class I supply system.

(2) Types of rations to be used. (*Meals, ready to eat require less manpower for inspection than do A Rations.*)

(3) Status and source of Class I supplies.

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(4) Strength and disposition of government-owned animals.

(5) Status of veterinary supply.

(6) Reliance of the HN economy on its livestock and ranching industry, if applicable.

(7) Evacuation or retrograde of animals to CONUS, if applicable.

(8) Number and extent of civic action programs.

c. Characteristics of the Area of Operations. (*Information contained in this section of the estimate is similar to that contained in paragraph F-2; however, it is tailored to veterinary concerns.*)

(1) Terrain.

(2) Weather.

(3) Animal population (health, types, disposition [domestic, livestock, and wildlife]). (*This can include predators which can endanger livestock. Veterinary personnel can evaluate the local livestock for availability and suitability of a fresh food source. As the mission/theater expands so will the requirement for A Rations.*)

(4) Flora. (*This can include the agricultural products used for feed for the livestock; plant diseases which impact growth and availability of animal feed; or any local plants which adversely impact on the health of grazing animals.*)

(5) Zoonotic diseases posing a threat to the health of the command or the local population.

(6) Local food supply system.

(7) Location, quantity, and quality of indigenous veterinary services.

(8) Nuclear, biological, chemical, and DE weapons/devices. (*This includes the impact of these weapons/devices on food sources and supplies and the health of government-owned and indigenous animals.*)

(9) Animal diseases having a disruptive impact on the economy.

(10) Other. (*Customs, culture, economic, religious, and social considerations that affect the care and management of livestock can be included.*)

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d. Strengths to be Supported. (*Normally a table is used to include food inspection support and animal support, if applicable.*)

(1) Army.

(2) Navy.

(3) Air Force.

(4) Marines.

(5) Coast Guard.

(6) Department of Defense civilians.

(7) Department of Defense civilian contractor personnel.

(8) Allied forces.

(9) Coalition forces.

(10) Enemy prisoners of war/detainees (if applicable). (*This may also include internment and resettlement operations.*)

(11) Indigenous civilians.

(12) Detainees.

(13) Retainees.

(14) Others. (*Include third country civilians and refugees in this subparagraph. Further, if this is an NEO, has DOS authorized pets to accompany the evacuees or must the animals be disposed of within the country?*)

e. Health of the Animals in the Command. (*In nation assistance operations or other operations which involve the care, treatment, and sustainment of nongovernment-owned animals, this paragraph is used to provide information on the targeted animal population.*)

(1) Origin of animals.

(2) Presence of disease.

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(3) Status of immunizations. (*This can consider incentives to ensure livestock is immunized such as requiring livestock immunization to secure a bank loan as discussed in Chapter 4. It can also include the requirement to immunize the native populations domestic animals to reduce the threat of rabies to US forces*.)

(4) Status of diagnostic tests. (*This can include the accessibility of laboratory assets and any special handling requirements for specimens*.)

(5) Status of nutrition.

(6) Care and management.

(7) Fatigue.

f. Assumptions.

g. Special Factors. (*This can include coordination requirements with the HN or US-backed group, NGOs, PVOs, and other US agencies* [*USAID and the USDA*].)

3. ANALYSIS

a. Veterinary Service Personnel Estimate.

(1) Distribution of Class I installations.

(2) Distribution of subsistence (perishable and nonperishable).

(3) Extent of local procurement.

(4) Extent of inspection load of indigenous foods. (*This would apply in disaster relief, NEO, and possibly humanitarian and nation assistance operations if feeding the native population is required.*)

(5) Establishment of a food procurement system for the HN military or US-backed groups.

(6) Number of animal casualties.

(7) Evacuation of animal casualties.

b. Veterinary Support Requirements.

(1) Food inspection.

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(2) Veterinary PVNTMED and veterinary public health.

(3) Veterinary supply/resupply.

(4) Hospital treatment.

(5) Evacuation. (*This is primarily for government-owned animals; however, in NEO, it could also include the evacuees pets*.)

(6) Other (civil-military). (*Establishing training programs, developing a Veterinary Service infrastructure, and developing economic programs in conjunction with the HN or civilian banking industry can be included. Coordination with HN veterinary personnel or Ministry of Health or Agriculture or other appropriate agencies is required.*)

c. Veterinary Resources Available.

(1) Organic veterinary personnel.

(2) Attached veterinary units.

(3) Supporting veterinary units.

(4) Veterinary personnel in CA units and Special Forces groups.

(5) Civil veterinary public health personnel.

(6) Veterinary troop ceiling.

(7) Veterinary personnel from other US agencies, allied forces, coalition partners, or HN.

(8) Status of veterinary supply/resupply.

d. Courses of Action. (*As a result of the above considerations and analysis, determine and list all logical COAs which will support the commander's OPLAN and accomplish the CHS mission. Consider all TSOPs, policies, and procedures in effect. Courses of action are expressed in terms of* ***WHAT***, ***WHEN***, ***WHERE***, ***HOW***, *and* ***WHY***.)

4. EVALUATION AND COMPARISON OF COURSES OF ACTION

a. *Determine the probable outcome of each COA listed in paragraph 3d* (*above*) *when opposed by each significant difficulty identified. This may be done in two steps:*

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(1) *Determine and state those anticipated difficulties that will have an equal effect on the COAs listed.*

(2) *Evaluate each COA against each significant difficulty to determine strengths and weaknesses inherent in each.*

b. *Compare all COAs listed in terms of significant advantages and disadvantages or in terms of the major considerations that emerged during the above evaluation.*

5. CONCLUSIONS

a. *Indicate whether the mission set forth in paragraph 1* (*above*) *can or cannot be supported.*

b. *Indicate which COA can best be supported from the Veterinary Service standpoint.*

c. *Indicate the disadvantages of nonselected COAs.*

d. *List the deficiencies in the preferred COA that must be brought to the attention of the commander.*

/*s*/ _____
Veterinary Staff Officer

Annexes (*as required*)

DISTRIBUTION: (*Is determined locally and includes the command surgeon.*)

(Classification)

F-4. Sample Format for the Preventive Medicine Estimate

(Classification)

Headquarters
Location
Date, time, and zone

PREVENTIVE MEDICINE ESTIMATE OF THE SITUATION

References: *List all maps, overlays, charts, or other documents required to understand the plan. References to a map will include the map series number and country or geographic area, if required; sheet number and name, if required; edition; and scale.*

1. MISSION (*Statement of the specific PVNTMED mission in support of various activities* [*such as support for insurgency and counterinsurgency, combatting terrorism, peace support, or domestic support operations*].)

2. SITUATION AND CONSIDERATIONS

a. Enemy (Opposition) Situation/Negative Factors. (*Information contained in this section of the estimate is similar to that contained in paragraph F-2; however, it is tailored to PVNTMED concerns.*)

(1) Communicable diseases. (*This should include endemic and epidemic diseases and their impact on mission effectiveness.*)

(2) Sanitation levels. (*This can include the oppositions ability/resources to raise/provide for standards of sanitation for the populace.*)

(3) Public health capabilities. (*This can include the opposition's ability to provide primary care and health development programs, such as well baby clinics; to conduct epidemiological investigations; to provide guidance on water treatment/purification; to provide guidance on waste disposal; and to provide inspection of food service operations.*)

(4) Immunization status. (*This can include both the opposition and general public, especially children. Does the opposition have the resources available to provide immunizations to their forces and the populace? Do they possess special immunizations/prophylaxis to protect their forces from potential BW agents?*)

(5) Level of field sanitation training.

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(6) Nuclear, biological, and chemical and DE capabilities. (*This can include the oppositions ability to employ weapons of mass destruction, disperse biological agents, disseminate radioactive material, and employ DE devices/weapons*.)

b. Friendly Situation/Positive Factors.

(1) Status of individual and unit PVNTMED supplies.

(2) Operational situation. (*Factors such as the state of sanitation, type of billeting, and reliance on local economy for food and water will dictate the PVNTMED support requirements. Are the available sources sufficient to support US forces, allies, coalition partners, HN forces, and domestic and humanitarian assistance operations? If not, what will be the source of potable water?*)

(3) Types of rations used. (*In stability and support operations, units may have to rely on local vendors for food items, caution should be exercised when relying on these food supplies. Veterinary inspection support is essential to ensure wholesomeness and quality*.)

(4) Unit PVNTMED readiness.

(a) Field sanitation team training and equipment.

(b) Individual and unit PMM training and enforcement.

(5) Potable water and ice.

(a) Sufficient production and distribution units.

(b) Sufficient availability and quantity.

(c) Access to and availability of clean water in HN communities.

(d) Inspection/certification of water and ice sources and supplies.

(6) Availability of aircraft for aerial spray operations.

(7) Status of HN and domestic public health system (*to include health education programs*).

(8) Status of sanitation facilities.

(9) Status of immunizations (*especially for children*).

(10) Off-limit establishments.

(Classification)

(Classification)

c. Characteristics of the Area of Operations.

(1) Terrain. (*Discuss the following questions.*)

(a) Does the AO favor arthropod/rodent populations? (*In MOUT, are there fields of rubble where rodents can flourish? Are there open sewers or drainage canals? Are there stagnant pools of water or open water storage containers* [*such as drums*]*?*)

(b) Is the AO at a high altitude, in a jungle, in the desert, or on mountainous terrain?

(c) Is water available? (*What are the requirements for treatment and purification? Is it plentiful? Is it easily accessible?*)

(d) How will the terrain affect pest management operations? (*Are there low-lying areas where water can accumulate? Are there caves where bats can roost?*)

(2) Climate and weather. (*Discuss the following questions.*)

(a) Will the season affect disease transmission? (*Upper respiratory infections in the winter months; increased cases of malaria during rainy season.*)

(b) Will the season affect heat or cold injuries? (*How long will it take to acclimatize the troops to the AO? Is heat complicated with high/low humidity? Will exposure to cold be complicated by high winds? Will cold injuries be complicated by high-altitudes? Will sunburn/windburn or snow blindness be factors?*)

(c) Will the season affect disease vectors? (*Are arthropod vectors or pests more prevalent during the operational period in the AO?*)

(d) Will the season affect the water supply? (*Amount of rainfall such as flood or drought.*)

(e) Will the season affect pest management operations?

(3) Civilian population. (*Discuss the following subjects. There may be different subpopulations within the civilian community with different characteristics than other groups such as refugees from another country or displaced persons from the surrounding countryside.*)

(a) Endemic diseases (*especially those of military significance*).

(b) Epidemic diseases (*especially those of military significance*).

(Classification)

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(c) Sources of disease/illness on the main supply route (*such as restaurants, lodging, or swampy areas*).

(d) Immunization status (*among the adult population; among the pediatric population*).

(e) Water treatment standards. (*Do standards exist? Is water treatment a common practice?*)

(f) Waste disposal practices. (*Do community sanitary facilities exist? Is the water source protected from contamination? Is garbage collected and disposed of in a sanitary landfill?*)

(g) Nutritional standards. (*In the short term* [*food supplies and availability affected by outbreaks of violence*]*? In the long term* [*is a famine occurring*]*? Can the average family afford an adequate diet?*)

(h) Civilian medical support and public health system. (*This should include capabilities/ deficiencies, facilities, and resources.*)

(i) Chemical hazards from industrial operations.

(j) Radiation hazards from nuclear power plants or other sources.

(k) Biological hazards from medical research and treatment operations.

(4) Flora and fauna. (*Discuss the following subjects.*)

(a) Arthropods vectors in the AO.

(b) Arthropods vectors resistant to pesticides.

(c) Venomous animals and insects.

(d) Poisonous plants.

(e) Rodents.

(5) Enemy prisoners of war and/or detainees, if applicable. (*May also include internment and resettlement operations. Discuss the following subjects.*)

(a) Presence of disease.

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(b) Number of detained public health officers.

(c) Disease immunization status.

(d) Nutritional standards.

(6) Other. (*This could include cultural, religious, or ethnic practices which impact in the PVNTMED arena.*)

d. Strengths to be Supported.

(1) Army.

(2) Navy.

(3) Air Force.

(4) Marines.

(5) Coast Guard.

(6) Allied forces.

(7) Coalition forces.

(8) Host-nation forces.

(9) Enemy prisoners of war, if applicable. (*May also include internment and resettlement operations.*)

(10) Indigenous civilians. (*This category is important if planning humanitarian assistance programs.*)

(11) Detainees.

(12) Retainees.

(13) Others. (*This can include DOD civilian employees and contractors, third country civilians, NGOs, PVOs, and refugees.*)

e. Health Status of the Command. (*Discuss the following subjects.*)

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(1) Origin of the troops. (*This is of particular importance in multinational operations as the forces from different nations will have different endemic diseases than those in the AO or from soldiers from other nations. Are they acclimated to the environment* [*heat, cold, altitude*]*?*)

(2) Presence of disease. (*Is the unit experiencing an outbreak of disease? Is it an endemic disease or potentially the effects from a BW agent?*)

(3) Immunization status. (*Are the troops from all participating nations immunized for the same diseases? If not, what are the differences? Are all immunizations current?*)

(4) Status of nutrition. (*What is the diet of the troops and how long have they been consuming it* [*such as MREs for 2 weeks*]*?*)

(5) Clothing and equipment. (*This can include the availability of protective equipment such as insect netting and insect repellent or special clothing for extreme environmental conditions*.)

(6) Fatigue and resistance to disease. (*Are sleep plans developed and implemented? Are there other factors contributing to fatigue* [*such as jet lag*]*?*)

(7) Other. (*Availability of prophylaxis*.)

f. Assumptions.

(1) (*Is the assumption really necessary for the solution?*)

(2) (*Will the results change if the assumptions are not made?*)

g. Special Factors. (*Coordination requirements with HN or US-backed group, NGOs, PVOs, and other US agencies. Additionally, the impact of culture, customs, or religious beliefs/practices on providing PVNTMED services should be discussed.*)

3. ANALYSIS

a. Estimates.

(1) Tasks involving arthropods and rodents.

(a) Disease and nonbattle injury threat assessment.

(b) Survey and identification of requirements.

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(c) Control requirements.

(2) Tasks involving environmental health.

(a) Heat.

(b) Cold.

(c) Water and ice.

(d) Sanitation.

(e) Waste disposal.

(f) Altitude.

(3) Tasks involving disease.

(a) Epidemiology. (*Are laboratory resources available to support epidemiological investigations?*)

(b) Immunizations. (*Are they current? In nation assistance and humanitarian assistance operations, are they available to provide to the civilian population?*)

(c) Prophylaxis. (*Are supplies sufficient for the operation? Has a program been instituted to ensure prophylaxis are taken on a scheduled basis* [*such as antimalarial tablets taken every Friday morning with breakfast*]*?*)

b. Support Requirements.

(1) Supplies. (*Are on-hand supplies sufficient to meet the requirements? What is the availability/accessibility of resupply? Have unforeseen requirements been established that were not previously planned for? If so, what are their impact?*)

(2) Equipment. (*Is equipment on hand and serviceable? Are repair parts and maintenance support available?*)

(3) Civil and military support.

c. Resources Available.

(Classification)

(Classification)

(1) Organic PVNTMED personnel.

(2) Attached PVNTMED personnel.

(3) Supporting PVNTMED personnel.

(4) Status of unit field sanitation teams.

(5) Other Services.

(6) Allied forces.

(7) Coalition forces

(8) Host nation.

(9) Civilian public health personnel.

(10) Detained enemy (opposition) health personnel, if applicable.

(11) Preventive medicine troop ceiling. (*Discuss the impact* [*either negative or positive*] *that the troop ceiling has on mission accomplishment.*)

(12) Preventive medicine supply status.

d. Courses of Action. (*Determine, as a result of the above analysis, all logical COAs which support the commander's OPLAN and accomplish the CHS mission. Courses of action are expressed in terms of* ***WHAT***, ***WHEN***, ***WHERE***, ***HOW***, *and* ***WHY***.)

4. EVALUATION AND COMPARISON OF COURSES OF ACTION

a. *Determine the probable outcome of each COA listed in paragraph 3d* (*above*) *when opposed by each significant difficulty identified. This may be come in two steps:*

(1) *Determine and state those anticipated difficulties that will have an equal effect on the COAs listed.*

(2) *Evaluate each COA against each significant difficulty to determine strengths and weaknesses inherent in each.*

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b. *Compare all COAs listed in terms of significant advantages and disadvantages or in terms of the major considerations that emerged during the above evaluations*.

5. CONCLUSIONS

a. *Indicate whether the mission set forth in paragraph 1* (*above*) *can or cannot be supported*.

b. *Indicate which COA can best be supported from the Veterinary Service standpoint*.

c. *Indicate the disadvantages of nonselected COAs*.

d. *List the deficiencies in the preferred COA that must be brought to the attention of the commander*.

/*s*/ _____
Preventive Medicine Staff Officer

Annexes (*as required*)

DISTRIBUTION: (*Is determined locally and includes the command surgeon*.)

(Classification)

F-5. Sample Format for the Dental Estimate

(Classification)

Headquarters
Location
Date, time, and zone

DENTAL ESTIMATE OF THE SITUATION

References: *List all maps, overlays, charts, or other documents required to understand the plan. Reference to a map will include the map series number and country or geographic area, if required; sheet number and name, if required; edition; and scale.*

1. MISSION (*Statement of the specific dental mission in support of various activities* [*such as support for insurgency and counterinsurgency, combatting terrorism, peace support, or domestic support operations*].)

2. SITUATION AND CONSIDERATIONS

a. Enemy (Opposition) Situation/Negative Factors. (*Information contained in this section of the estimate is similar to that contained in paragraph F-2; however, it is tailored to dental concerns.*)

(1) Strength and disposition.

(2) Combat efficiency.

(3) Capabilities.

(4) Logistics situation.

(5) State of health. (*This could include the impact that dental disease has on the opposition's readiness.*)

(6) Weapons.

b. Friendly Situation/Positive Factors. (*Information contained in this section of the estimate is similar to that contained in paragraph F-2; however, it is tailored to dental concerns.*)

(1) Strength and disposition.

(2) Combat efficiency.

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(3) Present and projected operations. (*This category can include limitations and restrictions placed on the operation by the HN, or due to customs/traditions and religious beliefs.*)

(4) Logistics situation.

(5) Weapons.

c. Characteristics of the Area of Operations. (*Information in this section of the estimate is similar to that contained in paragraph F-2; however, it is tailored to dental concerns.*)

(1) Terrain.

(2) Weather.

(3) Civilian population. (*Status of oral health and factors adversely affecting oral health should be included.*)

(4) Local resources. (*This can include access to and availability of local* [*civilian, HN military, or US-backed group*] *dental services.*)

(5) Other. (*This can include the state of nutrition and diet and its impact on oral health or availability of fluoride in the water source.*)

d. Strengths to be Supported.

(1) Army.

(2) Navy.

(3) Air Force.

(4) Marines.

(5) Coast Guard.

(6) Allied forces.

(7) Coalition forces.

(8) Host-nation forces.

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(9) Enemy prisoners of war (if applicable). (*May also include internment and resettlement operations*.)

(10) Civilians. (*This category is important when planning for humanitarian assistance or nation assistance operations*.)

(11) Detainees.

(12) Retainees.

(13) Others. (*This category can include DOD civilian employees, third country civilians, NGOs, PVOs, other US agencies, and refugees*.)

e. Oral Health of the Command (or Population Supported).

(1) Emergency rate.

(a) Preventable.

(b) Nonpreventable.

(2) Soldier's individual level of oral health.

(3) Unit dental readiness indexes.

(4) Dental readiness status of soldiers deploying into the theater.

(a) Individuals.

(b) Units.

(5) Dental preventive measures and educational programs currently available.

f. Assumptions.

g. Special Factors. (*Coordination requirements with HN or US-backed groups, NGOs* [*religious groups or international health groups*]*, and other US agencies. The impact of culture, customs, or religious beliefs on providing dental services can also be included.*)

3. ANALYSIS

(Classification)

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a. Personnel Estimate.

b. Patient Estimates. (*Indicate rates and numbers by type of unit, or by category of activity* [*such as humanitarian assistance or disaster relief operations*].)

c. Support Requirements and Resources Available.

(1) Supply and equipment.

(a) Requirements. (*The requirements for electricity to run equipment and quantities of dental materials and medications are examples of information to include.*)

(b) Availability. (*Source of logistics supply and resupply should be included.*)

(c) Limiting factors. (*This can include the effect the austere environment has on the dental mission, isolation of villages, or other factors impacting on performing the dental mission.*)

(2) Transportation.

(a) Requirements. (*This can include transportation requirements for both the dental providers and the civilian population to reach a treatment area.*)

(b) Availability. (*Whether the transportation assets are organic or if another agency is providing transportation.*)

(c) Limiting factors. (*For example, the requirement to reach a village by foot or on a pack animal may limit the amount and type of equipment which can be used.*)

d. Evacuation.

(1) Requirements. (*This could include considerations of what is available through allied forces, coalition forces, HN* [*civilian and military*]*, or US-backed group resources.*)

(2) Availability.

(3) Limiting factors. (*This can include information for evacuation of US, allied, or coalition forces and evacuation requirements for indigenous civilians for more definitive care within the HN or abroad.*)

e. Hospitalization.

(Classification)

(Classification)

(1) Requirements.

(2) Availability.

(3) Limiting factors.

f. Miscellaneous. (*Indicate any special or unusual organizational or other logistical considerations.*)

g. Special Factors. (*This can include coordination requirements with the HN or US-backed groups, NGOs, PVOs, and other US agencies.*)

h. Courses of Action. (*Determine, as a result of the above analysis, all logical COAs which support the commander's OPLAN and accomplish the CHS mission. Courses of action are expressed in terms of* ***WHAT***, ***WHEN***, ***WHERE***, ***HOW***, *and* ***WHY***.)

4. EVALUATION AND COMPARISON OF COURSES OF ACTION

a. *Determine the probable outcome of each COA listed in paragraph 3h* (*above*) *when opposed by each significant difficulty identified.*

b. *Compare all significant advantages and disadvantages.*

5. CONCLUSIONS

a. *Indicate whether the mission set forth in paragraph 1 can* (*or cannot*) *be supported.*

b. *Indicate which COA can best be supported from the dental service standpoint.*

c. *Indicate the disadvantages of nonselected COAs.*

d. *List the deficiencies in the preferred COA that must be brought to the attention of the commander.*

/s/ _____
Dental Surgeon

Annexes (*as required*)

DISTRIBUTION: (*Is determined locally and includes the command surgeon.*)

(Classification)

F-6. Sample Format for the Combat Stress Control Estimate

(Classification)

Headquarters
Place
Date, time, and zone

COMBAT STRESS CONTROL ESTIMATE OF THE SITUATION

References: *Maps, overlays, charts, and other documents required to understand the plan. Reference to a map will include the map series number and country or geographical area, if required; sheet number and name, if required; edition; and scale.*

1. MISSION (*Statement of the specific CSC mission for the operation. Most of the examples provided in this estimate relate to the morale and mission success of US forces employed in stability and support operational scenarios. If the CSC mission is to provide intervention with disaster victims or victims of terrorist incidents, the considerations used in this estimate would require revision.*)

2. SITUATION AND CONSIDERATIONS

a. Enemy (Opposition) Situation/Negative Factors. (*Information contained in this section of the estimate is similar to that contained in paragraph F-2; however, it is tailored to CSC concerns*).

(1) Strength and disposition. (*This may include strongholds, areas sympathetic to the opposition group, or the size and type of organization of the opposition group.*)

(2) Combat efficiency. (*This may include information on how skilled and experienced; how committed to the cause and/or country for which they are fighting; how long they have been fighting; and how attrited their forces are.*)

(3) Capabilities. (*This can include the potential for terrorist activities. Stress factors for US soldiers dramatically increase if terrorist activities target US facilities, installations, or troops.*)

(4) Logistics situation. (*This could include any information on the enemy logistics situation which could adversely impact on soldier morale; for example, the enemy subsisting on more fresh rations* [*fruits, vegetables, meats*] *while US forces or US-backed groups having to subsist solely on MREs.*)

(5) State of health. (*This should include information on any potential disease threat* [*contagious diseases*] *from captured/surrendered soldiers and/or detainees which might have an adverse psychological impact on US forces and US-backed groups.*)

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(6) Weapons. (*This should include information on the potential for use of conventional, NBC, and DE weapons/devices. It should include information on any weapons systems and employment techniques that would have a significant psychological impact on US forces or US-backed groups.*)

b. Friendly Situation/Positive Factors. (*Information contained in this section of the estimate is similar to that contained in paragraph F-2; however, it is tailored to CSC concerns.*)

(1) Strength and disposition.

(2) Combat efficiency. (*This may include information on esprit de corps, unit cohesiveness, level of training, and other such factors.*)

(3) Present and projected operations. (*This includes information on the experience level of the soldiers and leaders and the confidence they have in completing the mission successfully. The present and projected operations may not include conducting military battles as they may only involve providing humanitarian assistance; for example, it should include information on their confidence in their ability to successfully perform the mission, their attitude toward the "worthiness" of the mission, or other such concerns. Further, soldier morale is affected by the way they perceive the American public views the mission. If the perception is that the American people do not support the mission, the greater the stress soldiers will experience.*)

(4) Logistics situation. (*This should include information on the soldier's confidence level of the system to provide for the necessities of life and any specific shortages which are affecting morale.*)

(5) Weapons. (*This may or may not be a factor in a specific mission. However, the ROE* [*especially on self-defense*] *should be discussed if they are restrictive and affecting morale or eroding the confidence of the troops.*)

c. Characteristics of the Area of Operations. (*Information contained in this section is similar to that contained in paragraph F-2; however, it is tailored to CSC concerns.*)

(1) Terrain. (*Does it restrict troop activities? Does it make troops feel isolated* [*such as performing duty at a relay station on top of a mountain*]*? Does it make performing duty more difficult* [*wading through swamps, traversing rocky cliffs*]*? Is there a threat from earthquakes or volcanic eruptions?*)

(2) Weather. (*Does it restrict troop activities? Does it make performing duty more difficult* [*such as continual rains while performing guard duty*]*? Is there a continuing threat from inclement weather* [*hurricanes, typhoons, or tornadoes*]*?*)

(3) Civilian population. (*Are the US forces welcome in the country? Do civilians see the soldiers as performing a needed duty? Are civilians openly hostile to the soldiers? What are the differences in customs, language, and religious beliefs?*)

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(Classification)

(4) Flora and fauna. (*Do the soldiers feel safe from or threatened by the indigenous animals* [*snakes, large predators*]*? Are there poisonous plants/animals that the soldiers must be cautious of?*)

(5) Local resources. (*This can include the availability of mental health assets within the civilian community, or it could include natural resources within the community for recreational use by soldiers to increase their morale.*)

(6) Other. (*This can include any factors not considered above which impact the morale and well-being of the soldiers.*)

d. Strengths to be Supported. (*Information contained in this section is similar to that contained in paragraph F-2. Some categories will require expansion as beneficiaries will vary with the different type of stability and support operational activity.*)

(1) Army.

(2) Navy.

(3) Air Force.

(4) Marines.

(5) Coast Guard.

(6) Allied forces.

(7) Coalition forces.

(8) Enemy prisoners of war/detainees. (*May also include internment and resettlement operations.*)

(9) Indigenous civilians.

(10) Retainees.

(11) Internees.

(12) Others. (*This may include such groups as refugees, third country nationals, insurgents or US-backed groups, disaster victims, NGOs, PVOs, DOD civilian employees and contractors, rescue workers, and care givers.*)

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e. Health of the Command.

(1) Acclimatization. (*This usually refers to the physical acclimatization of the troops to the weather, altitude, and/or other environmental conditions. In the CSC arena during stability and support operations, it could be expanded to cover the adjustment to the culture, political situation, or other socioeconomic factors.*)

(2) Presence of disease. (*This can include the endemic and epidemic diseases of the AO, especially those which the troops have a fear of being exposed to such as the acquired immunodeficiency syndrome or other sexually transmitted diseases.*)

(3) Status of immunizations. (*This is of particular importance as most noneffectiveness in stability and support operations is produced by DNBI rather than wounds. Emphasis should be on all PMM the individual can take to mitigate the effects of endemic and epidemic diseases.*)

(4) Status of nutrition. (*The types of rations soldiers have to subsist on and the length of time required to subsist on field rations* [*MREs*] *will have a significant impact on morale.*)

(5) Clothing and equipment.

(6) Fatigue. (*Can include such factors as sleep loss, physical overwork, and jet lag.*)

(7) Morale.

(8) Status of training. (*This can include the attitude of the soldier toward his training, such as whether he feels competent in performing his duties.*)

(9) Other. (*This can include home-front issues and concerns.*)

f. Assumptions. (*Assumptions may be required as a basis for initiating or preparing the estimate. Assumptions are modified as factual data becomes available.*)

g. Special Factors. (*Mention items of special importance to the particular operation to be supported.*)

3. ANALYSIS

a. Patient Estimates.

(1) Number of patients anticipated.

(2) Distribution of patients within the AO.

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(3) Distribution during time of the operation.

(4) Possible mass casualties.

(5) Lines of patient drift and evacuation. (*This could apply to operations involving some level of conflict or disaster relief operations.*)

b. Support Requirements. (*This information is discussed from the perspective of what impact it has on CSC operations.*)

(1) Patient evacuation and medical regulating.

(2) Hospitalization.

(3) Combat health logistics.

(4) Medical laboratory services.

(5) Dental services.

(6) Veterinary services.

(7) Preventive medicine services.

(8) Area medical support.

(9) Command, control, communications, computers, and intelligence.

c. Resources Available.

(1) Mental health personnel organic to deployed units.

(2) Attached CSC/MH medical units and personnel.

(3) Supporting CSC units and CHS assets.

(4) Air Force resources.

(5) Navy resources.

(6) Allied MH assets.

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(7) Coalition MH assets.

(8) Civilian public health resources.

(9) Combat health support/CSC troop ceiling.

d. Courses of Action. (*As a result of the above considerations and analysis, determine and list all logical COAs which will support the commander's OPLAN and accomplish the CHS/CSC mission. Consider all SOPs, policies, and procedures in effect. Courses of action are expressed in terms of* ***WHAT***, ***WHEN***, ***WHERE***, ***HOW****, and* ***WHY***.)

4. EVACUATION AND COMPARISON OF COURSES OF ACTION

a. *Compare the probable outcome of each COA to determine which one offers the best chance of success. This may be done in two steps:*

(1) *Determine and state those anticipated difficulties or difficulty patterns which will have a different effect on the COAs listed.*

(2) *Evaluate each COA against each significant difficulty or difficulty pattern to determine strengths and weaknesses inherent in each.*

b. *Compare all COAs listed in terms of significant advantages and disadvantages, or in terms of the major considerations that emerged during the above evaluation.*

5. CONCLUSIONS

a. *Indicate whether the mission set forth in paragraph 1 can* (*cannot*) *be supported.*

b. *Indicate which COA can best be supported from the CSC standpoint.*

c. *List the limitations and deficiencies in the preferred COA that must be brought to the commander's attention.*

d. *List factors adversely affecting the CSC health of the command.*

/*s*/ _____
(*as appropriate*)

Annexes (*as required*)

DISTRIBUTION: (*Is determined locally and includes the command surgeon.*)

(Classification)

F-7. Sample Format for the Combat Health Logistics Estimate

(Classification)

Headquarters
Place
Date, time, and zone

COMBAT HEALTH LOGISTICS ESTIMATE OF THE SITUATION

References: *Maps, overlays, charts, and other documents required to understand the plan. Reference to a map will include the map series number and country or geographical area, if required; sheet number and name, if required; edition; and scale.*

1. MISSION (*Statement of the specific CHL mission in support of various activities* [*such as nation assistance, humanitarian assistance, or peace support operations*].)

2. SITUATION AND CONSIDERATIONS

a. Enemy (Opposition) Situation/Negative Factors.

(1) Strength and disposition. (*Besides discussing the size of the opposition forces, this paragraph can include information on CHL type organizations, civilian or nongovernmental agencies fulfilling this role, or any other information on the size and sophistication of the CHL employed by the opposition.*)

(2) Capabilities. (*This paragraph can discuss the enemy/opposition's ability to interdict the CHL LOC and the potential to disrupt or delay CHL operations. Negative factors could also include the potential recurrence of earthquakes, flooding, or other natural calamities.*)

(3) Logistics situation.

(a) General supply. (*This includes information on the status of general supply and maintenance as it would impact on the CHL function or on the state of health of the opposition.*)

(b) Combat health logistics. (*This includes information on the operation of the enemy/opposition CHL system. For example, the development of an insurgent medical system is usually rudimentary with inadequate supplies of antibiotics and other medications. These shortages would have an impact on the mortality rate of wounded and diseased personnel.*)

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(4) State of health. (*This can be an indicator of the demand that will be placed on the enemy/opposition for Class VIII supplies, equipment, and maintenance and on the US for the care of EPW/detained patients*.)

(5) Weapons. (*This paragraph can discuss the enemy's/opposition's potential use of NBC and DE weapons/devices which can result in the contamination and/or destruction of Class VIII materiel. It can also discuss the potential threat to CHL personnel while engaged in CHL activities* [*transportation and distribution*].)

b. Friendly Situation/Positive Factors.

(1) Strength and disposition. (*This can discuss the numbers and types of CHL units/personnel deployed to the area; the designation of SIMLM; anticipated changes* [*arrival/departure of units*]*; and resources from other Services, allies, coalition forces, HN, DOD civilian employees and contractors, NGOs, and PVOs*.)

(2) Efficiency. (*This paragraph can discuss the organization and operations of existing CHL units/personnel. It may also include any CHL activities conducted by civilian and nongovernmental agencies; the availability and suitability of contracting supplies, equipment, and repair services. This is particularly important in operations such as disaster relief or humanitarian assistance where supplies of all different types are donated and shipped to the AO. Further, this paragraph can discuss resupply procedures if the mission is conducted under the auspices of another organization* [*such as the UN*].)

(3) Present and projected missions. (*This can include information concerning the current operation; anticipated withdrawal of the US assistance and/or the hand-off of the function to the civilian government and/or other agency; and any follow-on missions*.)

(4) Logistic situation.

(a) General supply and services. (*This discussion should include any information on the general logistics situation that would impact on the accomplishment of the CHL mission. For example, if one of the vehicles is deadlined and cannot be repaired at the unit level and direct support maintenance is unavailable, the distribution mission of the CHL element would be affected*.)

(b) Combat health logistics.

1. Status of Class VIII materiel. (*This can include information on the current status of Class VIII supplies and equipment; number of days of supply to be carried; if push packages are to be used and for how long they will be used; anticipated changes in status* [*such as additional units being deployed*]*; any known shortages/delays in obtaining goods and services* [*back orders*]*; establishment of the Medical Standby Equipment Program policies/procedures for property exchange and establishment of a*

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(Classification)

theater pool for return of equipment; and availability of supplies and services through allied, HN, coalition forces, NGOs, PVOs, UN agencies, and contract with local suppliers.)

2. Shipping and distribution. (*This can include information on the mode of transportation supply/resupply means will take* [*air, land, or sea*]*; anticipated time required to receive supplies from originating point; customs and other administrative requirements* [*such as agricultural inspections*]*; marking and manifesting shipping containers to clearly indicate contents and destination; anticipated problems* [*such as the depth of the port facility*]*; adequate airfields and runways* [*length of runway required for aircraft*]*; materiel handling equipment located at the airfield/seaport; and other such concerns*.)

3. Storage and handling requirements. (*This includes information on any special storing and handling requirements* [*such as refrigeration and/or ice for blood storage and distribution purposes*]*; availability of covered versus uncovered storage areas; controlled substance inventories or other requirements that impact on the operation; procedures for protecting supplies and equipment from contamination; and decontamination or replacement requirements if materiel becomes contaminated.*)

4. Optical fabrication. (*This includes information on optical fabrication requirements and capabilities; availability of these supplies and services in the HN civilian/military community or other forces/agencies participating in the operation; and capability to contract for services required.*)

5. Medical equipment maintenance. (*This includes requirements and capabilities for this support within the AO; contracting for services with HN and/or civilian community; availability of repair parts; disposition and replacement of equipment that cannot be repaired within the AO*.)

6. Single Integrated Medical Logistics Manager. (*This includes information on what agency is functioning in this capacity. If it is the Army, this discussion should include all pertinent aspects of this role and responsibilities; anticipated difficulties; and coordination and liaison requirements*.)

7. Abandoned medical materiel. (*This includes information on the receipt, storage, and redistribution of this materiel for use in treating EPW, detainees, and/or other recipients*.)

8. Donated medical supplies and equipment. (*In humanitarian assistance, disaster relief, and some nation assistance and insurgency/counterinsurgency operations, donated medical supplies and equipment may be the primary source of these supplies for the operation. These supplies and equipment will require receipt, inventory, storage, repackaging, and distribution. As these goods will arrive in various quantities, strengths* [*medication*]*, and packaging, they will take considerable effort to handle and distribute*.)

c. Characteristics of the Area of Operation.

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(1) Terrain. (*This discussion should include information on the impact of the terrain on CHL operations* [*such as the existence of improved roads; mountains or other obstacles; waterways and depths of ports; and hostile terrain* [*deserts, swamps, or the like*] *It can also include information on the potential for earthquake or volcanic activity within the AO*.)

(2) Weather. (*This includes information on the impact of the weather on the storage and handling of materiel* [*especially heat/cold sensitive items*]*; acclimatization requirements for CHL*; *and impact on planned distribution operations* [*blizzards, torrential rains*].)

(3) Civilian population. (*This includes information on availability of labor; impact on CHL; nongovernmental agencies and/or groups; and groups/segments of the population either hostile or supportive of the US effort and their ability to disrupt/assist the mission*.)

(4) Flora and fauna. (*This can discuss any poisonous or toxic animals/plants* [*requirements for antitoxins and antivenoms*] *within the region and/or the threat from predatory animals*.)

(5) Local resources. (*This includes the availability of Class VIII items on the local economy and contracting for services and repairs*.)

(6) Other.

d. Strengths to be Supported.

(1) Army.

(2) Navy.

(3) Air Force.

(4) Marines.

(5) Coast Guard.

(6) Allied forces.

(7) Coalition forces.

(8) Enemy prisoners of war/detainees. (*May also include internment and resettlement operations*.)

(9) Indigenous civilians.

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(10) Retainees.

(11) Internees.

(12) Others. (*This can include other governmental and nongovernmental agencies and PVOs. Most likely, this will occur in humanitarian assistance, disaster relief, and domestic support operations.*)

e. Health of the Command.

(1) Acclimatization of troops. (*Acclimation of CHL personnel is important because of the strenuous work involved with the handling of materiel. If sufficient time has not elapsed to ensure acclimation, leaders must ensure that adequate quantities of potable water are available.*)

(2) Presence of disease. (*This will affect the types and quantities of medications required for the mission.*)

(3) Status of immunizations. (*This may include immunizations that are required by the supported population which may impact on the types and quantities of requisitions to be processed.*)

(4) Status of nutrition. (*This can include special foods for supported forces due to religious beliefs.*)

(5) Clothing and equipment. (*This can include any special requirements imposed by geographic location or environmental factors.*)

(6) Fatigue. (*This factor will affect the efficiency of the organization. Sleep plans and rest schedules are important aspects of planning, especially in continuous operations. Some stability and support operational scenarios will initially require continuous operations.*)

(7) Morale.

(8) Status of training.

f. Assumptions.

g. Special Factors. (*This can include coordination requirements with agencies outside of the military.*)

3. ANALYSIS

a. Combat Health Logistics.

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(1) Medical supplies. (*This can include an analysis of what types of supplies are on-hand, their availability in the local economy, capability to contract for supplies/services, requirements, and back orders; impact of terrain and environmental conditions on CHL operations; feasibility of introducing medications not available in HN and impact on HN medical infrastructure once US assistance is withdrawn.*)

(2) Medical equipment. (*This can include an analysis of what medical equipment is on-hand, their ability in the local economy, capability to contract for medical equipment, requirements, and back orders; impact of terrain and environmental conditions on the equipment; feasibility of introducing sophisticated medical equipment into the HN that cannot be adequately supported once US assistance is withdrawn.*)

(3) Optical fabrication. (*This can discuss location of support if assets are not available within the AO.*)

(4) Medical equipment maintenance. (*This includes an analysis of the organic capability versus ability to contract for services versus direct support/general support capability to accomplish the mission.*)

b. Support Requirements. (*These will vary dramatically depending upon the type of operation and the forces deployed. A clear understanding of who is being supported, where funding and/or reimbursement will be obtained, and legal guidance on the conduct of operations with NGOs and PVOs should be included. This paragraph can be further delineated into subparagraphs discussing specific support requirements for the operations.*)

c. Resources Available. (*This should include all available resources: Army supporting medical units, other Services, allies, coalition forces, HN or civilian, other governmental agencies, NGOs, and PVOs and any constraints/restrictions* [*such as a medical troop ceiling*]. *It can also include existing or planned construction of facilities.*)

d. Courses of Action. (*As a result of the above considerations and analysis, determine and list all logical COAs which support the commander's OPLAN and accomplish the CHS mission. Consider all TSOPs, policies, directives, US, HN, or international laws, and procedures in effect. Courses of action are expressed in terms of* ***WHAT***, ***WHERE***, ***WHEN***, ***HOW***, *and* ***WHY***.)

4. EVALUATION AND COMPARISON OF COURSES OF ACTION

a. *Compare the probable outcome of each COA to determine which one offers the best chance of success. This may be done in two steps.*

(1) *Determine and state those anticipated difficulties or difficulty patterns which will have an effect on the COAs.*

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(2) *Evaluate each COA against each significant difficulty to determine strengths and weaknesses inherent in each.*

b. *Compare all COAs listed in terms of significant advantages and disadvantages or in terms of the major considerations that emerged during the above evaluation.*

5. CONCLUSIONS

a. *Indicate whether the mission set forth in paragraph 1 can* (*cannot*) *be supported.*

b. *Indicate which COA can best be supported from the CHL standpoint.*

c. *List the limitations and deficiencies in the preferred COA that must be brought to the commander's*/*command surgeon's attention.*

d. *List factors adversely affecting the combat health logistics mission.*

/*s*/ _____
(*as appropriate*)

Annexes (*as required*)

DISTRIBUTION: (*Is determined locally*)

(Classification)

Section II. COMBAT HEALTH SUPPORT PLAN

F-8. General

a. Once the CHS estimate is completed, the CHS planner can proceed with developing the CHS plan for the proposed operation. As with the estimate, the same planning process for developing the traditional CHS plan is used for stability and support operations.

b. In this section the format for the CHS plan and appropriate annexes is provided.

c. Paragraphs F-10 through F-14 provide the CHS plan format for veterinary, PVNTMED, dental, CSC, and CHL support.

F-9. Sample Format for the Combat Health Support Plan

(Classification)

Copy__ of__ copies
Headquarters
Location
Date, time, and zone

COMBAT HEALTH SUPPORT PLAN

References: *List all maps, overlays, charts, or other documents required to understand the plan. Reference to a map will include the map series number and country or geographic area, if required; sheet number and name, if required; edition; and scale.*

Time Zone Used Throughout the Plan: (*Included only if used as the initial plan or if a major organization is to be affected.*)

Task Organization: Annex A (Task Organization) (*Task organization may appear here, in paragraph 3, or in an annex.*)

1. SITUATION (*Provide information essential to understanding the plan.*)

a. Enemy (Opposition) Forces/Negative Factors. (*Emphasis on capabilities bearing on the plan by terrorist groups, insurgents, HN forces, or other opposition groups or political factions found in a particular country. This subparagraph is viewed as groups opposed to the US-backed or supported groups, HN, and US national interests. Also, in stability and support operational scenarios, information concerning grievances, causes for unrest, or other pertinent data can be included.*)

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b. Friendly Forces/Positive Factors. (*This is addressed from the perspective of the HN or US-backed group and US national interests. Emphasis is also placed on CHS functions or medical operations and responsibilities for higher and adjacent units.*)

c. Attachments and Detachments. (*May be published as an annex pertaining to task organization. In a stability and support operational scenario, HN, other US agencies or military services, allies, coalition partners or US-backed groups who will participate in the operation can be indicated in this subparagraph.*)

d. Assumptions. (*Include the minimum required for the planning process.*)

2. MISSION (*Statement of the overall CHS mission and type of activity to be supported* [*insurgency and counterinsurgency, combatting terrorism, peace support, or domestic support operations*].)

3. EXECUTION

a. Surgeon's Concept of Support for the Combat Health Support Operation. (*First lettered subparagraph provides a concise overview of planned CHS.*)

b. Major Medical Command and Control Headquarters. *The second lettered subparagraph identifies the major medical control headquarters and lists the tasks or missions assigned to it.*)

c. Other Medical Units. (*The third and subsequent lettered subparagraphs identify the remaining medical units in turn and list their respective tasks and missions.*)

d. Evacuation Policy. (*The next to the last lettered subparagraph discusses the evacuation policy by phases of the operation, if applicable.*)

e. Coordinating Instructions. (*The final lettered subparagraph contains any coordinating instructions that may be appropriate to ensure continuity in CHS. This coordination should include requirements for interface with the other Services, allied forces, coalition forces, HN, US-backed groups, other US agencies, country team, NGOs, or PVOs, as deemed appropriate.*)

4. SERVICE SUPPORT

a. Supply. (*Refer to TSOP or another annex whenever practical.*)

(1) General supply. (*Provide special instructions applicable to CHS units. Also consider stockage levels for all classes of supply, as units will be operating in an austere environment and at extended distances from the full complement of CSS resources.*)

(2) Combat health logistics (to include blood and blood products). (*Provide special procedures applicable to the operation.*)

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(Classification)

(a) Requirements. (*For sustaining the US, allied, coalition, or HN forces and other eligible beneficiaries are addressed in subparagraph* [*3*] *below*.)

(b) Procurement. (*Provide detailed information on resupply and stockage levels required and/or contracting support for the operation*.)

(c) Storage. (*Special procedures and equipment* [*such as refrigerators*] *requirements for maintaining storage and the appropriate shelf life of medical supplies in an austere environment should be included*.)

(d) Distribution. (*This should include the method of distribution and any limitations or restrictions that are applicable. Additionally, if special transportation requirements exist, they should also be noted*.)

(3) Supplies required to accomplish stability and support operational missions and not for the sustainment of the US, allied, coalition, or multinational force. (*This includes humanitarian assistance, disaster relief, or other stability and support operational missions*.)

(a) Requirements. (*Includes estimates of the population to be supported or the number of patients anticipated to be treated; materials required for teaching or training health professionals; and medical educational programs for the population at large*.)

(b) Procurement. (*The funding source should be identified and procedures for obtaining the supplies described, as well as any limitations or restrictions on the use of the supplies, should be included*.)

(c) Storage. (*Requirements for refrigeration or other special handling should be included*.)

(d) Distribution. (*Limitations and restrictions, as well as transportation requirements, should be included*.)

(e) Coordination. (*Interservice, allied force, US agencies, coalition forces, HN government, NGOs, and PVOs should be included*.)

(4) Combat health logistics activities. (*This includes the location of the medical supply activity supporting the AO and means of communicating requests for resupply*.)

(5) Salvaged medical equipment and supplies.

(a) (*For sustainment of the US forces*.)

(Classification)

(Classification)

(b) (*For sustainment of stability and support operational missions*.)

(6) Abandoned enemy (opposition) medical supplies, if applicable. (*Should include disposition instructions*.)

(7) Civilian medical supplies. (*Should include resources for operational missions and training activities*.)

(8) Other CHL matters.

b. Transportation and Movements. (*This includes medical use of various transportation means*.)

(1) General. (*Transportation in stability and support operational scenarios oftentimes includes moving the medical team from one treatment area or CHS mission area to another. Transportation is often a critical factor in accomplishing the stability and support operational mission*.)

(2) Ground. (*The availability of ground evacuation assets to sustain US forces should be discussed. Additionally, the assessment and development of a ground evacuation system and the training requirements for HN personnel* [*if applicable*] *can also be included. Coordination for use of allied, coalition, or HN forces evacuation assets should also be included*.)

(3) Rail. (*If available, the treatment locations could be established along the railway; or it could provide a means for the civilian population to travel to a treatment area or to move the medical team and equipment*.)

(4) Water. (*Considerations should include both inland and at sea transportation requirements or assets and the availability of shipboard facilities for evacuation and treatment*.)

(5) Air. (*The availability of aeromedical evacuation support for the supported force should be discussed. Additionally, the assessment of aeromedical evacuation requirements for a HN or US-backed group, the development of a medical evacuation system, and the training of appropriate personnel can be discussed depending upon the category of the stability and support operational mission*.)

(6) Movement control and traffic regulation, if applicable. (*This can include requirements for armed escorts; requirements for crossing international boundaries, convoy restrictions; or other circumstances affecting transport operations*.)

c. Services.

(1) Services to CHS units and facilities. (*Include information on the following services: laundry, bath, utilities, fire fighting, construction, real estate, graves registration, religious, personnel, and finance*.)

(Classification)

(Classification)

(2) Medical equipment maintenance.

(a) For the sustainment of US forces.

(b) For the sustainment of the stability and support operational mission (*including teaching medical equipment repair skills*).

d. Labor. (*Include policies, agreements, or arrangements on the use of civilian or other personnel for labor.*)

e. General Maintenance. (*This includes priority of maintenance and the location of repair facilities.*)

5. EVACUATION, TREATMENT, AND OTHER HEALTH SERVICES

a. Evacuation.

(1) Evacuation of supported US, allied, coalition, or HN forces. (*Include evacuation policy, medical regulating, en route medical care, and modes of transportation.*)

(a) Requirements. (*Include mass casualty situations.*)

(b) Units. (*Include information on the units providing this support and appropriate communications information.*)

(c) Other. (*This can include information on assets which may be used in an emergency, such as diplomatic flights.*)

(2) Evacuation of HN civilians or military, US-backed groups, or other categories of personnel. (*Include any limitations and restrictions.*)

(3) Assessing and developing an evacuation system for a HN or US-backed group. (*Include any limitations and restrictions.*)

(4) Other activities pertaining to evacuation functions in a stability and support operational scenario.

b. Treatment.

(1) Treatment of supported US, allied, coalition, or HN forces. (*Include arrangements for hospitalization, mass casualty situations, or other treatment considerations.*)

(a) Policies. (*Should address treatment and hospitalization policies to include civilians, EPW, detainees, or other category of personnel.*)

(Classification)

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(b) Units. (*This includes information concerning the location, capabilities, and communications means of units providing support.*)

(c) Other. (*This can include information on other medical assets which may be used in an emergency, such as the embassy physician.*)

(2) Treatment of HN civilian or military personnel, US-backed groups, or other categories of personnel. (*This includes limitations and restrictions, hours of operation, and procedures to cover emergencies and mass casualty situations.*)

(3) Assessing and providing assistance in developing a primary care system for the HN or US-backed group. (*Include information on the adequacy of secondary and tertiary hospitals or other treatment-related missions.*)

c. Veterinary. (*Refer to paragraph F-10.*)

d. Preventive Medicine. (*Refer to paragraph F-11.*)

e. Dental. (*Refer to paragraph F-12.*)

f. Combat Stress Control. (*Refer to paragraph F-13*).

g. Combat Health Logistics. (*Refer to paragraph F-14.*)

h. Other Health Services. (*This includes information pertinent to the other CHS functions and services: medical laboratory service, fabrication of prosthetic and orthotic devices and required training; and command, control, and communications issues.*)

6. MISCELLANEOUS (*Address areas of support not previously mentioned which may be required or needed by subordinate elements in the execution of their respective CHS mission: command post locations, signal instructions, medical intelligence, claims, special reports that may be required, and international or HN support agreements affecting CHS.*)

/*s*/ _____
(Commander/Command Surgeon)

Appendixes

DISTRIBUTION: *(Is determined locally.)*

(Classification)

F-10. Sample Format for the Veterinary Service Portion of the Combat Health Support Plan

(Classification)

VETERINARY SERVICE

1. FOOD INSPECTION

   a. Procurement Inspection Policy.

   b. Abandoned Ration Inspection Policy.

   c. Nuclear, Biological, and Chemical Contaminated Ration Inspection Policy.

   d. Units. (*Provide location, hours of operation, or other pertinent information.*)

2. EVACUATION POLICY FOR GOVERNMENT-OWNED ANIMALS

   a. Evacuation Requirements.

   b. Units Participating in the Evacuation.

   c. Special Requirements for Animals Subjected to Nuclear, Biological, and Chemical Contamination.

3. HOSPITALIZATION FOR GOVERNMENT-OWNED ANIMALS (*Provide location of units providing this support.*)

4. VETERINARY OUTPATIENT SERVICES (*Provide treatment locations and hours of operation.*)

5. VETERINARY CARE PLANS AND PROGRAMS FOR HOST-NATION LIVESTOCK (*Provide information on animal husbandry programs when assistance is authorized.*)

6. TRAINING AND EDUCATION PROGRAMS FOR HOST-NATION VETERINARY PERSONNEL

7. DEVELOPMENT OF HOST-NATION MILITARY VETERINARY INFRASTRUCTURE

(Classification)

F-11. Sample Format for the Preventive Medicine Portion of the Combat Health Support Plan

(Classification)

PREVENTIVE MEDICINE SERVICES

1. MEDICAL THREAT (*From the PVNTMED estimate, give a brief overview of the threat.*)
   a. Environmental Injuries.
   b. Diarrhea.
   c. Arthropodborne, Foodborne, and Waterborne Diseases.
   d. Other.
2. CONCEPT OF SUPPORT
   a. Individuals.
   b. Units.
   c. Major Units.
   d. Preventive Medicine Teams/Detachments.
3. RESPONSIBILITIES
   a. General Policies. (*State policies applying to all soldiers within the command.*)
      (1) Individual PMM.
      (2) Specific policies.
   b. Unit Commanders.
      (1) Environmental injuries.
      (2) Diarrhea.
      (3) Biting arthropods.

(Classification)

(Classification)

(4) Other.

c. Specific Unit Commander's Responsibilities.

(1) Medical units.

(2) Quartermaster units.

(3) Subordinate units.

F-12. Sample Format for the Dental Service Portion of the Combat Health Support Plan

(Classification)

DENTAL SERVICE

1. ASSIGNMENT OF RESPONSIBILITIES (*Provide information concerning treatment locations, hours of operation, and services available at each location.*)

2. PREVENTION (*Include developing educational programs for the HN populace.*)

3. TREATMENT (*Include available services, humanitarian assistance programs, or other pertinent information.*)

4. ALTERNATE WARTIME ROLE

5. REPORTING (*Include all reports as required by command policy, regulation, HN agreements and laws, and unit TSOPs.*)

6. EVACUATION AND HOSPITALIZATION REQUIREMENTS

7. SUPPLIES AND TRAINING MATERIALS

8. MISCELLANEOUS DENTAL MATTERS

(Classification)

F-13. Sample Format for the Combat Stress Control Portion of the Combat Health Support Plan

(Classification)

COMBAT STRESS CONTROL

1. CONCEPT OF SUPPORT (*Indicate how MH personnel* [*teams*/*units*] *integrate their activities into the units supported.*)

2. TEAMS/UNITS (*Subparagraph for each CSC*/*MH team*/*unit.*)

a. Mission. (*May be several statements giving—*)

(1) Area/general support missions.

(2) Unit (group) support missions. (*This includes support to specific groups*/*units* [*such as victims of a terrorist incident, care givers in disaster relief operation, or a military unit engaged in peacekeeping operations*].)

(3) Specific support mission. (*Type of stability and support operational activity.*)

b. Location. (*This includes the location of CSC*/*MH assets and units*/*groups supported.*)

c. Attachments.

d. Coordination Requirements.

(Classification)

F-14. Sample Format for the Combat Health Logistics Portion of the Combat Health Support Plan

(Classification)

COMBAT HEALTH LOGISTICS

1. CONCEPT OF THE OPERATION (*This paragraph includes information on the SIMLM function* [*if appropriate*]*, other military or civilian Services*/*governments*/*agencies providing support, and coordination requirements*.)

2. CLASS VIII (*This includes both medical supplies*/*equipment and blood*.)

3. OPTICAL FABRICATION

4. MEDICAL EQUIPMENT MAINTENANCE

5. ABANDONED/CAPTURED MEDICAL SUPPLIES AND EQUIPMENT

6. DONATED MEDICAL SUPPLIES AND EQUIPMENT

(Classification)